

NATIONAL PRACTITIONER DATA BANK (NPDB)

INTERFACE CONTROL DOCUMENT (ICD)
FOR MEDICAL MALPRACTICE PAYMENT REPORT
(MMPR) TRANSACTIONS

Version 1.13

July 2006

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SUMMARY OF CHANGES – VERSION 1.13

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.13. Effective July 31, 2006, this ICD version 1.13 replaces version 1.12. The changes in this version are indicated below:

- Added submission file name length limitation. See Section 2.3.
- Updated descriptions for MMPR Specific Allegation Codes 101, 323, 706, and 708. See Section 4, List D.
- Updated description for MMPR Outcome Code 08. See Section 4, List E.
- Added new error codes 71, 72, 73, and AF. See Section 4, List F.

SUMMARY OF CHANGES – VERSION 1.12

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.12. Effective May 8, 2006, this ICD version 1.12 replaces version 1.11. The changes in this version are indicated below:

- The Data Banks' Web site is now located at www.npdb-hipdb.hrsa.gov. The Data Banks are using a .gov domain name to help prevent fraud by showing Data Banks' users that the NPDB-HIPDB Web site is under the Government-run domain. Please update your Internet bookmarks to reference the .gov address for the Data Banks' Web site. NPDB-HIPDB Web site references in this document now refer to the new Web site address.
- Due to the NPDB-HIPDB Web site address change, all ITP and QRXS client programs must be upgraded to a new version. Updated client programs are now available on the NPDB-HIPDB Web site. While the current versions of the ITP and Querying and Reporting XML Service (QRXS) client programs will continue to function for a limited time, all ITP and QRXS users must upgrade their client program to the new version no later than September 18, 2006.

SUMMARY OF CHANGES – VERSION 1.11

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.11. Effective October 17, 2005, this ICD version 1.11 replaces version 1.10, which provided six months advance notice for format changes that also became effective October 17, 2005.

Rules of Behavior

- Added an appendix that describes the Rules of Behavior. See Appendix B.

Occupation/Field of Licensure Codes

- Modified the category title Nurses Aide/Home Health Aide to Nurse Aide, Home Health Aide and Other Aide. See Section 4, List B-1.
- Added the new codes 148, 165, 175 under category Nurse Aide, Home Health Aide and Other Aide. See Section 4, List B-1.

- Added the new code 470 under category Speech, Language, and Hearing Service Provider. See Section 4, List B-1.

Error Codes

- Added new error codes and removed unused error codes. See Section 4, List F.

SUMMARY OF CHANGES – VERSION 1.10

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.10. Effective October 17, 2005 this ICD version 1.10 replaces version 1.09. For report and query submission prior to October 17, 2005, readers should refer to version 1.09 of the Interface Control Document for Medical Malpractice Payment Report (MMPR) Transactions available at <http://www.npdb-hipdb.com>. The changes in this version are indicated below:

Header Data Record (HDR)

- Field version number (VER_NUM) width increased to 5 and value changed from R7.0 to R8.0. Response files will use R8.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R8.0. See Table 3-5.

Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL)

- State codes are now limited to U.S. State and Territories. State codes, AA (Central and South America), AE (Europe), and AP (Pacific), are no longer accepted. See Section 4, List A-1.

Error Codes

- Removed unused errors codes. See Section 4, List F.

SUMMARY OF CHANGES – VERSION 1.09

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.09. Effective July 11, 2005, this ICD version 1.09 replaces version 1.08. The changes in this version are indicated below:

- Added guidance for submitting dates associated with an MMPR (MMPR). See Table 3-10.
 - Payment Date may not be a future date.
 - Judgment Date may not be a future date.
 - Date(s) of event(s) must be before the Payment Date.
- Added guidance for submitting Individual Deceased flag (ISUBJ). The Deceased flag may be “U” for unknown. See Table 3-8.

SUMMARY OF CHANGES – VERSION 1.08

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.08. Effective February 2, 2004, this ICD version 1.08 replaces version 1.07. For report and query submission prior to February

2, 2004, readers should refer to version 1.07 of the Interface Control Document for Medical Malpractice Payment Report (MMPR) Transactions available at <http://www.npdb-hipdb.com>. The changes in this version are indicated below:

Customer Use Data Record (CUSE)

- This data record is now required for reports submitted via diskette. See Table 3-2.

Entity Data Record (ENTY)

- The Entity Data Record has been removed from report submissions and responses.

Entity Internal Report Reference Data Record (ER)

- This new data record has been added to allow your entity to include an internal file number or other reference information to help you identify this report in your files. The ER Data Record is present in report submissions and responses. See Table 3-4.

Fully Qualified State Licensure Data Record (FQSL)

- The FQSL data record has been replaced with the ISOFL data record. See Table 3-7.

Header Data Record (HDR)

- The NPDB-HIPDB will no longer require extra fields in the HDR Data Record for ITP submissions. The HDR Data Record requirements for ITP and diskette submissions are now identical. Response files will use R7.0 in the VER_NUM field to indicate the ICD version. Submission files should also use R7.0. See Table 3-5.

Individual Subject Data Record (ISUBJ)

- This new data record replaces the PRCT Data Record.
- The Practitioner Deceased Flag has been moved from the MMR Data Record to the ISUBJ data record, a Deceased Date field has been added, the Other Name fields will be reported in the ALIAS Data Record, and Social Security Numbers (SSN) will be reported in the SSN Data Record. The ISUBJ Data Record is required in report submissions and responses. See Table 3-8.

Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL)

- This new data record replaces the FQSL Data Record. With the ISOFL Data Record you must now report a Description when using field of licensure code 699. The ISOFL Data Record is required in report submissions and responses. See Table 3-7.
- Removed non-practitioner Occupation/Field of Licensure Codes from Section 4, List B.

Legacy Format Medical Malpractice Payment Report Data Record (MMR)

- The MMR Data Record has been replaced with the MMPR Data Record. See Table 3-10.

Medical Malpractice Payment Report Data Record (MMPR)

- This new data record replaces the MMR Data Record and allows for the expanded reporting of medical malpractice payment data elements. The MMPR Data Record is required in report submissions and responses. See Table 3-10.

Other Name(s) Used Data Record (ALIAS)

- This new data record has been added to collect other practitioner names. The ALIAS Data Record replaces and expands the Other Name fields previously held in the PRCT Data Record. The ALIAS Data Record is required in report submissions and responses. See Table 3-12.

Practitioner Data Record (PRCT)

- The PRCT Data Record has been replaced with the ISUBJ Data Record. See Table 3-8.

Report Statement Data Record (RSDR)

- The SUBJECT_STMT_DT, SUBJECT_STMT_DT_STATUS, SECRETARY_STMT_DT, and SECRETARY_STMT_DT_STATUS fields have been added to this data record in order to indicate when the report subject entered the statement, and, if the report was reviewed by the Secretary of the HHS, when this review took place. See Table 3-16.

Social Security Number Data Record (SSN)

- This new data record has been added to collect up to four Social Security Numbers. The SSN data record replaces and expands the SSN field previously held in the PRCT Data Record. The SSN Data Record is required in report submissions and responses. See Table 3-18.

Trailer Data Record (TRLR)

- The CHECKSUM field has been removed from the data record, as NPDB-HIPDB no longer requires the computation of a checksum. See Table 3-19.

Descriptions for the following data records have been updated to more clearly explain the format of repeating data elements:

- Drug Enforcement Administration Data Record (DEA). See Table 3-3.
- Hospital Data Record (HOSP). See Table 3-6.
- Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL). See Table 3-7.
- Individual Supplemental Information Data Record (ISUPPL). See Table 3-9.
- Other Name(s) Used Data Record (ALIAS). See Table 3-12.
- Professional School Data Record (GRAD). See Table 3-14.
- Social Security Number Data Record (SSN). See Table 3-18.

Error Codes

- New error codes AC, J2, J3, J4, J5, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, MA, MB, MC, MD, ME, MF, and MG have been added. See Section 4, List F.
- Error code 04 has been retired. See Section 4, List F.

SUMMARY OF CHANGES – VERSION 1.07

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.07. Effective March 3, 2003, this ICD version 1.07 replaces version 1.05. ICD version 1.06 has not been publicly released; users should refer to this version for information on submitting MMR reports. The changes in this version are indicated below:

Medical Malpractice Payment Report Data Record (MMR) [This data record is retired in Version 1.08]

- Clarified the valid values for PYMT_RESULT_OF data field.
- Clarified the valid values for REL_OF_ENTY data field.
- Corrected the field length for ADJ_BODY_CASE_NBR.
- Clarified the list of values for ACTN_CD1 and ACTN_CD2. Act or omission codes not defined in Section 4, List C may be returned to the user. These codes should be interpreted by the user as “UNKNOWN”.

NPDB-HIPDB Error Codes

- The description of error code 42 has changed. See Section 4, List F.
- A new error code of J1 has been added. See Section 4, List F.

SUMMARY OF CHANGES – VERSION 1.05

Below is a summary of changes to the Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) Transactions version 1.05. Effective September 9, 2002, this ICD version 1.05 replaces version 1.04. The changes in this version are indicated below:

- The NPDB-HIPDB will now accept submissions containing either a null character or a tilde character as field delimiters. Responses to submission files containing null character field delimiters will likewise contain null character as field delimiters. Responses to submission files containing tilde field delimiters will likewise contain tilde field delimiters. See Section 2.2 for details.
- Added guidance for submitting foreign and military addresses. See Section 4, List A-1.

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1. Overview

1.1 Introduction

This Interface Control Document (ICD) provides information concerning the format, structure, and content of electronic files for submitting Medical Malpractice Payment Reports (MMPRs) to the National Practitioner Data Bank (NPDB).

There are three methods for submitting reports to the NPDB:

- Interactively via the Internet using the Integrated Querying and Reporting Service (IQRS).
- Through an electronic transaction file submission, the ICD Transfer Program (ITP) with data provided in the format specified in this ICD.
- Through an Extensible Markup Language (XML) transaction file submission, the Querying and Reporting XML Service (QRXS) with data provided in the format specified in *Interface Control Document (ICD) for Medical Malpractice Payment Report (MMPR) XML Transactions*, available at www.npdb-hipdb.hrsa.gov/qrxs.html. For new users that wish to submit Medical Malpractice Payment Reports electronically, the QRXS is the recommended method.

The IQRS is the primary method of report submission. The IQRS allows reporters to submit single reports through a web-based interface using a browser. In addition, users can create draft versions of reports prior to submission. The IQRS also provides data validation capabilities and allows maintenance of a subject database for subsequent query or report submissions. Submission by ITP is an alternative for those reporters who generate reports from custom (third-party) software or other special purpose software. Reporters without Internet access may submit transactions on diskette in the data format specified in this ICD. However, unlike those submitting electronic transaction files, diskette reporters will receive paper responses from the NPDB.

To report to the NPDB, an entity must be authorized under Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended, and 45 CFR Part 60, and must be registered with the NPDB. Certain entities also must report to the Healthcare Integrity and Protection Data Bank (HIPDB). To report to the HIPDB an entity must be authorized under Section 1128E of the *Social Security Act* and 45 CFR Part 61, and must be registered with the HIPDB. Attempts to access the Data Banks by unauthorized entities or persons are punishable by fine and/or imprisonment under Federal statute. Do not attempt to access the Integrated Querying and Reporting Service (IQRS) or use this document until you are properly registered with the NPDB-HIPDB.

This document should be used only for submitting (i.e., reporting) MMPRs to the NPDB. Adverse actions must be reported to the NPDB using the ICD for Adverse Action Report (AAR) Transactions. These actions include State licensure actions taken against physicians and dentists, as well as professional society membership and clinical privileges actions. Adverse actions that

should be reported to the HIPDB using the ICD for AAR transactions include: Federal and State licensure and certification actions, Government health care program certification actions, exclusions from Federal and State health care programs, and other adjudicated actions or decisions as established by regulation (including actions taken by health plans and Federal and State agencies). Reporters that must submit health care-related criminal convictions or civil judgments to the HIPDB should use the ICD for Judgment or Conviction Reports (JOCR). These ICDs are available at <http://www.npdb-hipdb.hrsa.gov>. To query the NPDB, the HIPDB, or both Data Bank(s), you may use the ICD for Query Transactions available at the previously specified URL. Only authorized and registered users are permitted to query the Data Bank(s).

Use of the procedures outlined in this ICD implies acceptance of the Disclaimer in Appendix A and the Rules of Behavior in Appendix B. Should you have questions concerning your responsibilities, please contact the Customer Service Center immediately as specified in Section 1.4, Contact Information.

1.2 Types of Reports

All transaction files submitted to the NPDB must have a transaction code. This code is a two-character identifier that determines the type of transaction, the format and structure of the transaction file, and how the file is processed. A MMPR transaction file must include one of the transaction codes from Section 4, List G in the TRANS_CD field of its Header Data Record.

The types of reports are defined as follows:

- **Initial:** The first record of a medical malpractice payment submitted to and processed by the NPDB. An Initial Report is the current version of the report until a Correction or Void is submitted.
- **Correction:** A report that corrects an error or omission in an existing report. The Correction will supersede the contents of a current version of a report in the NPDB. It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.
- **Void:** The retraction of a report in its entirety from the NPDB. The report is removed from the subject's disclosable record.

1.3 Submission of Reports to the NPDB

This ICD specifies the data elements (variables), data types, acceptable values and codes, organization, and format for submitting MMPRs to the NPDB by the ITP (as well as on diskette) and for interpreting (i.e., parsing) electronic transaction responses received from the ITP. ITP files and diskettes submitted to the NPDB will be validated against the specifications in this document, which may be amended from time to time. All mandatory fields must be completed, and only values specified in this ICD may be used in coded fields. The party submitting a transaction file or diskette to the NPDB is solely responsible for ensuring that the file adheres to the format specified in this ICD. Any file that deviates from these specifications will be rejected.

1.3.1 The ICD Transfer Program (ITP)

ICD files are transferred electronically to and from the NPDB via the ITP. ITP instructions and necessary class and Java files are available for download from the NPDB-HIPDB Web site at <http://www.npdb-hipdb.hrsa.gov>. For security, all data is transmitted over a secure socket layer (SSL) connection.

1.3.2 Diskettes

Reporters who do not have Internet access may submit reports via diskette. The NPDB encourages entities to use either the IQRS or the ITP, because responses are returned to the reporting entity within two to four hours, thus improving efficiency. When submitting reports on diskette, each report transaction must be submitted in a separate file in the root directory of a DOS-formatted diskette. All verification documents generated are returned on paper, but not electronically. Diskette submissions should be mailed to the following address:

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, Virginia 20153-0832

1.4 Contact Information

To receive advance notice of ICD news and system changes, please consider joining our mailing list. To join the mailing list, simply send an e-mail to npdb-hipdb@sra.com requesting to join the ITP Users mailing list.

For specific questions concerning registration or NPDB reporting requirements contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD 703-802-9395). Only authorized and registered users may report to or query the Data Bank(s). The *Entity Registration* form, information regarding NPDB policies and procedures, and the ICDs are available at <http://www.npdb-hipdb.hrsa.gov>.

1.5 Document Organization

This document is organized into five sections and two appendices.

Section 1, Overview, contains a brief description of the ICD and information about the submission of ICD files.

Section 2, Transaction File Formats, contains the submission and response file formats for Initial, Correction, and Void Transaction Files.

Section 3, Transaction File Data Records, contains the format and contents of the submission and response files.

Section 4, MMPR Code Lists, contains lists of the MMPR codes that are to be used in the transaction files.

Section 5, Sample Files, contains examples of submission and response files.

Appendix A, Disclaimer, specifies the terms and conditions for using this ICD. This appendix defines the limit of responsibility for the information contained in and the use of this ICD.

Appendix B, Rules of Behavior, specifies the conditions that must be followed to gain access and obtain information from and report to the NPDB-HIPDB system.

2. Transaction File Formats

2.1 Introduction

Reports sent by reporters to the NPDB system are referred to as submission files. Responses sent by the NPDB to each reporter who submitted a report via ITP are referred to as response files. Section 2.2 describes the construction of data records. Section 2.3 provides the file formats for submission files sent to the NPDB system. Section 2.4 provides the file format for receiving response files from the NPDB system.

The data records that comprise a file depend on the type of transaction submitted. The Header Data Record of each file, which is the first data record in any report, identifies the type of transaction and the file submission method; the remaining records in the file are processed based on the specific format for that transaction type. Following the Header Data record are the mandatory records for the specific report type.

2.2 Construction of Data Records

All electronic transaction files submitted to the NPDB consist of predefined, labeled data records with positional data values. Each electronic file begins with a Header Data Record and ends with a Trailer Data Record. Examples of the Header Data Record and Trailer Data Record are shown below:

Example Header Data Record:

HDR~123456789012345~Password~M2~R8.0~FILENAME~10152003~~userid~

Example Trailer Data Record:

TRLR~

The other data records that make up a file depend on the type of transaction submitted. For example, the transaction file format for submitting an Initial MMPR contains a different set of data records than the transaction file format for voiding a previously submitted MMPR. The Header Data Record of each file identifies the type of transaction, and the remaining records in the file are processed based upon the specific format for that transaction type.

The tilde character, for which the ASCII value is 126 (decimal), is required to act as a field delimiter to separate fields within a data record. **Data elements should not contain the tilde character; use of the tilde character for any purpose other than as a field delimiter will result in the rejection of the transaction.** Data records within a transaction file must begin with a record tag followed by a tilde, succeeded by the rest of the data fields for the record. Each data record must be separated by a tilde and end with a terminating tilde and a new line (also called a line feed) character. This document uses “\n” to denote the end of a record. The “\n” represents the new line character, for which the ASCII value is 10 (decimal), that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

If preferred, the NULL character, for which the ASCII value is 0 (decimal) may be used in place of the tilde as a field delimiter; however, note that a transaction file must use either the NULL or tilde exclusively throughout the file.

Below is an example of a Certification Data Record using tilde field delimiters.

CERT~JANE Q SMITH~PARALEGAL~5554443333~10152003~\n

The diagram shows the record 'CERT~JANE Q SMITH~PARALEGAL~5554443333~10152003~\n' with several annotations: an arrow points to the first tilde (~) labeled 'Leading tilde'; an arrow points to the 'CERT' text labeled 'Beginning record tag for the certification data record'; an arrow points to the tilde between 'PARALEGAL' and '5554443333' labeled 'Data Elements'; an arrow points to the tilde between '10152003' and the final tilde labeled 'Optional field was left blank, but tilde delimiter is still included'; an arrow points to the final tilde (~) labeled 'Terminating tilde'; and an arrow points to the '\n' character labeled 'Newline/line feed'.

Data fields that are “mandatory if known” may be left blank, but **must** have adjacent field delimiters separating them; all other fields must be completed. When the NPDB receives a report via ITP, the request is processed, and the report response is sent back to the reporting organization in the secure manner in which it was received. The subject of the report will receive a paper notification. If the NPDB computer system rejects a report, it electronically sends a rejection notice to the reporting organization, detailing reasons for the rejection.

The “CERT” in the example above is a record tag. All tags are required, even if no other data are associated with the data record. If no other data are provided for a record that includes a tag field, the data record should include only the tag, the terminating field delimiter, and the new line character.

2.3 Submission (Input) File Formats

This section provides the file formats for MMPR submissions to the NPDB. Table 2-1 denotes the order and the mandatory data records for Initial and Correction Report file formats. Table 2-2 denotes the order and the mandatory data records for Void Report file formats. **Note that submission file names must not exceed 30 characters in length.**

2.3.1 Submission File Formats for Initial and Correction Reports

The following table denotes the order in which data records must be submitted for Initial and Correction reports. The format for each data record is listed in Section 3.

Table 2-1: Submission File Data Record Ordering for Initial and Correction Reports

Data Records	Order
Header Data Record (HDR)	1
Individual Subject Data Record (ISUBJ)	2
Drug Enforcement Administration Data Record (DEA)	3
Individual Subject Occupation/Field(s) of Licensure (ISOFL)	4
Professional School Data Record (GRAD)	5
Other Name(s) Used Data Record (ALIAS)	6
Social Security Number Data Record (SSN)	7
Medical Malpractice Payment Report Data Record (MMPR)	8
Hospital Data Record (HOSP)	9
Certification Data Record (CERT)	10
Entity Internal Report Reference Data Record (ER)	11
Customer Use Data Record (CUSE)	12
Trailer Data Record (TRLR)	13

2.3.2 Submission File Formats for Void Reports

The following table denotes the order in which data records must be submitted for Void reports. The format for each data record is listed in Section 3.

Table 2-2: Submission File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Previous DCN Data Record (PDCN)	2
Short Individual Subject Data Record (SIS)	3
Certification Data Record (CERT)	4
Customer Use Data Record (CUSE)	5
Trailer Data Record (TRLR)	6

2.4 Response (Output) File Formats

This section provides the file formats for receiving MMPR response files from the NPDB for reports that were originally submitted via the ITP program. This section is not applicable to files submitted via diskette. Table 2-3 denotes the order in which the data records that constitute Initial and Correction Report responses are returned. Table 2-4 denotes the order in which the data records that constitute Void Report responses are returned. The response to an electronic report transaction contains a fixed number of data records.

2.4.1 Response File Formats for Initial and Correction Reports

The following table denotes the order in which data records are returned in a response file for Initial and Correction reports. The format for each data record is listed in Section 3.

Table 2-3: Response File Data Record Ordering for Initial and Correction Reports

Data Records	Order
Header Data Record (HDR)	1
Transaction Status Data Record (RSTA)	2
Medical Malpractice Report Type Data Record (MMRT)	3
Individual Subject Data Record (ISUBJ)	4
Drug Enforcement Administration Data Record (DEA)	5
Individual Subject Occupation/Field(s) of Licensure (ISOFL)	6
Professional School Data Record (GRAD)	7
Other Name(s) Used Data Record (ALIAS)	8
Social Security Number Data Record (SSN)	9
Medical Malpractice Payment Report Data Record (MMPR)	10
Hospital Data Record (HOSP)	11
Previous DCN Data Record (PDCN)*	12
Report Statement Data Record (RSDR)	13
Certification Data Record (CERT)	14
Report Point of Contact Data Record (RPOC)	15
Individual Supplemental Information Data Record (ISUPPL)	16
Entity Internal Report Reference Data Record (ER)	17
Customer Use Data Record (CUSE)	18
Trailer Data Record (TRLR)	19

*Only returned with Correction responses.

2.4.2 Response File Formats for Void Reports

The following table denotes the order in which data records are returned in a response file for Void reports. The format for each data record is listed in Section 3.

Table 2-4: Response File Data Record Ordering for Void Reports

Data Records	Order
Header Data Record (HDR)	1
Record Status Data Record (RSTA)	2
Short Individual Subject Data Record (SIS)	3
Previous DCN Data Record (PDCN)	4
Certification Data Record (CERT)	5
Report Point of Contact Data Record (RPOC)	6
Customer Use Data Record (CUSE)	7
Trailer Data Record (TRLR)	8

3. Transaction File Data Records

This section describes the format and content of individual data records within a transaction file. Data record formats are defined separately from the transaction file formats; a single data record may be used in multiple transaction file formats. To determine which data records are required for processing a specific type of transaction, refer to Section 2.3, submission (input) file formats, and Section 2.4, response (output) file formats.

All fields in a data record are either mandatory or mandatory if known. Mandatory fields must be completed or the report **will be rejected**. If a data field is mandatory if known, and the reporting organization does not have the information, the field may be left blank rather than contain a default value. A data field that contains calendar date values must either contain a valid date or be blank if the date is not mandatory.

Tables 3-1 through 3-20 list fields as mandatory, mandatory if known, and not applicable. The Status column indicates “M” for mandatory or “I” for mandatory if known. Non-applicable fields are blanked out.

Data must follow the specified type according to the following codes:

- A = Alphanumeric
- C = Code (refer to the appropriate code list in Section 4)
- D = Date (MMDDYYYY) unless noted otherwise
- N = Numeric
- T = Tag

Unless otherwise noted, the specified field width represents the maximum number of characters allowed for the field. **All fields larger than the specified field width will be truncated.** Data values that are shorter than the specified field width should **not** be padded with additional characters. **Reports submitted using an incorrect format or codes will be rejected.**

Table 3-1: Certification Data Record (CERT)

Field	Field Type	Field Width	Description	Status
CERT~	T	4	Tag for Certification Data Record - "CERT."	M
CERT_NM~	A	40	Name of individual certifying transaction.	M*
CERT_TITLE~	A	40	Title of individual certifying transaction.	M
CERT_PHONE~	N	10	Telephone number of individual certifying transaction (include area code, no delimiters e.g., 7038029395).	M
CERT_EXT~	N	5	Telephone extension.	I
CERT_DATE~	D	8	Certification date in MMDDYYYY format.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***The individual certifying a transaction must be authorized to submit information to the Data Bank(s) on behalf of the eligible entity. This individual certifies that all transaction information is true and correct to the best of his or her knowledge.**

Table 3-2: Customer Use Data Record (CUSE)

Field	Field Type	Field Width	Description	Status
CUSE~	T	4	Tag for Customer Use Data Record - "CUSE."	M
CUSTOMER_USE_FIELD~	A	20	Identification record for use by the submitting entity. This data field does not appear on report output and will be returned without modification in the response file. This field may be used by the submitter to identify this transaction.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-3: Drug Enforcement Administration Data Record (DEA)

Field	Field Type	Field Width	Description	Status
DEA~	T	3	Tag for Drug Enforcement Administration Data Record - "DEA."	M
DEA1~	A	12	Drug Enforcement Administration Number.	I
DEA2~	A	12	Second Drug Enforcement Administration Number.	I
DEA3~	A	12	Third Drug Enforcement Administration Number.	I
DEA4~	A	12	Fourth Drug Enforcement Administration Number.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-4: Entity Internal Report Reference Data Record (ER)

Field	Field Type	Field Width	Description	Status
ER~	T	2	Tag for Entity Internal Report Reference Data Record - "ER."	M
ENTITY_REF~	A	20	Entity Internal Report Reference. This optional field allows your entity to include an internal file number or other reference information to help you identify this report in your files. This information is not used by the Data Banks, but it will be provided on copies of the report sent to queriers.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-5: Header Data Record (HDR)

Field	Field Type	Field Width	Description	Status
HDR~	T	3	Tag for Header Data Record - "HDR."	M
ENTITY_DBID~	N	15	Data Bank Identification Number (DBID) of Reporting Entity assigned by the Data Bank(s).	M
PASSWD~	A	14	Case-sensitive password assigned by the Data Bank(s). If the report is submitted by an agent, the password of the agent must be used. Otherwise, use the password of the reporting entity. The minimum length is 8.*	M
TRANS_CD~	C	2	Transaction type code M2, M4, or M6. Refer to Section 4, List G for details.	M
VER_NUM~	T	5	Use "R8.0" to indicate ICD version.	M
SUBMISSION_FILENAME~	A	12	Unique identifying file name (user-defined).	M
SUBMISSION_FILEDATE~	D	8	Date of input file in MMDDYYYY format.	M
AGENT_DBID~	N	15	Agent DBID (if registered agent is submitting report). Complete only if a registered agent is reporting on behalf of the entity identified (ENTITY_DBID) above. In this case, the password must belong to the agent. If an agent is not submitting the report, leave this field blank.	M
USER_ID~	A	14	User ID of the individual submitting the report or query. This field is case sensitive.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***This field is case sensitive and can include special characters such as: !, @, #, \$, ^, &, *, (,), -, _, =, +, [,], {, }, |, :, ;, ,, ., <, >**

Table 3-6: Hospital Data Record (HOSP)

Field	Field Type	Field Width	Description	Status
HOSP~	T	4	Tag for Hospital Data Record - "HOSP."	M
HOSP_AFFIL1~	A	40	Name of hospital with which practitioner is affiliated.	I
HOSP_AFFIL_CITY1~	A	28	City where affiliated hospital is located. Required if name of hospital (HOSP_AFFIL1) is provided.	M
HOSP_AFFIL_STATE1~	C	2	State of affiliated hospital if State or territory is inside U.S.A. Required if name of hospital (HOSP_AFFIL1) is provided. Refer to Section 4, List A for State codes.	M
HOSP_AFFIL2~	A	40	Name of second hospital with which practitioner is affiliated.	I
HOSP_AFFIL_CITY2~	A	28	City where second affiliated hospital is located. Required if name of hospital (HOSP_AFFIL2) is provided.	M
HOSP_AFFIL_STATE2~	C	2	State of second affiliated hospital if State or territory is inside U.S.A. Required if name of hospital (HOSP_AFFIL2) is provided. Refer to Section 4, List A for State codes.	M
HOSP_AFFIL3~	A	40	Name of third hospital with which practitioner is affiliated.	I
HOSP_AFFIL_CITY3~	A	28	City where third affiliated hospital is located. Required if name of hospital (HOSP_AFFIL3) is provided.	M
HOSP_AFFIL_STATE3~	C	2	State of third affiliated hospital if State or territory is inside U.S.A. Required if name of hospital (HOSP_AFFIL3) is provided. Refer to Section 4, List A for State codes.	M
HOSP_AFFIL4~	A	40	Name of fourth hospital with which practitioner is affiliated.	I
HOSP_AFFIL_CITY4~	A	28	City where fourth affiliated hospital is located. Required if name of hospital (HOSP_AFFIL4) is provided.	M
HOSP_AFFIL_STATE4~	C	2	State of fourth affiliated hospital if State or territory is inside U.S.A. Required if name of hospital (HOSP_AFFIL4) is provided. Refer to Section 4, List A for State codes.	M
HOSP_AFFIL5~	A	40	Name of fifth hospital with which practitioner is affiliated.	I
HOSP_AFFIL_CITY5~	A	28	City where fifth affiliated hospital is located. Required if name of hospital (HOSP_AFFIL5) is provided.	M
HOSP_AFFIL_STATE5~	C	2	State of fifth affiliated hospital if State or territory is inside U.S.A. Required if name of hospital (HOSP_AFFIL5) is provided. Refer to Section 4, List A for State codes.	M

Field Types: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-7: Individual Subject Occupation/Field(s) of Licensure Data Record (ISOFL)

Field	Field Type	Field Width	Description	Status
ISOFL~	T	5	Tag for Individual Subject Occupation/Field(s) of Licensure Data Record - "ISOFL."	M
ISOFL_FLD1~	C	3	Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.) Please provide the Occupation/Field of Licensure most closely associated with the action being reported.	M
O_ISOFL_DESCRIPTION1~	A	60	Other Occupation/Field of Licensure. Complete only if Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR1~	A	16	State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	M
ISOFL_ST1~	C	2	State of licensure. (Refer to Section 4, List A for State codes.)	M
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD2~	C	3	Second Occupation/Field of Licensure Code (Refer to Section 4, List B for codes.)	I
O_ISOFL_DESCRIPTION2~	A	60	Other Occupation/Field of Licensure. Complete only if second Occupation/Field of Licensure "699" is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR2~	A	16	Second State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST2~	C	2	State of licensure for second State license. Refer to Section 4, List A for State codes.	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD3~	C	3	Third Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I
O_ISOFL_DESCRIPTION3~	A	60	Other Occupation/Field of Licensure. Complete only if third Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR3~	A	16	Third State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST3~	C	2	State of licensure for third State license. Refer to Section 4, List A for State codes.	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD4~	C	3	Fourth Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I

Field	Field Type	Field Width	Description	Status
O_ISOFL_DESCRIPTION4~	A	60	Other Occupation/Field of Licensure. Complete only if fourth Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR4~	A	16	Fourth State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST4~	C	2	State of licensure for fourth State license. (Refer to Section 4, List A for State codes.)	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD5~	C	3	Fifth Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I
O_ISOFL_DESCRIPTION5~	A	60	Other Occupation/Field of Licensure. Complete only if fifth Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR5~	A	16	Fifth State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST5~	C	2	State of licensure for fifth State license. (Refer to Section 4, List A for State codes.)	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD6~	C	3	Sixth Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I
O_ISOFL_DESCRIPTION6~	A	60	Other Occupation/Field of Licensure. Complete only if sixth Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR6~	A	16	Sixth State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST6~	C	2	State of licensure for sixth State license. (Refer to Section 4, List A for State codes.)	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD7~	C	3	Seventh Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I

Field	Field Type	Field Width	Description	Status
O_ISOFL_DESCRIPTION7~	A	60	Other Occupation/Field of Licensure. Complete only if seventh Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR7~	A	16	Seventh State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST7~	C	2	State of licensure for seventh State license. (Refer to Section 4, List A for State codes.)	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD8~	C	3	Eighth Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I
O_ISOFL_DESCRIPTION8~	A	60	Other Occupation/Field of Licensure. Complete only if eighth Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR8~	A	16	Eighth State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST8~	C	2	State of licensure for eighth State license. (Refer to Section 4, List A for State codes.)	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD9~	C	3	Ninth Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I
O_ISOFL_DESCRIPTION9~	A	60	Other Occupation/Field of Licensure. Complete only if ninth Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR9~	A	16	Ninth State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I
ISOFL_ST9~	C	2	State of licensure for ninth State license. (Refer to Section 4, List A for State codes.)	I
RESERVED~		0	Reserved field; leave blank .	M*
ISOFL_FLD10~	C	3	Tenth Occupation/Field of Licensure Code. (Refer to Section 4, List B for codes.)	I
O_ISOFL_DESCRIPTION10~	A	60	Other Occupation/Field of Licensure. Complete only if tenth Occupation/Field of Licensure "699", is selected. Describe the Occupation/Field of Licensure.	I
ISOFL_NBR10~	A	16	Tenth State license number. If State law does not require a license, or if the subject has a temporary or Foreign license, is operating without a required license, or is operating with an unauthorized license, enter "NO LICENSE."	I

Field	Field Type	Field Width	Description	Status
ISOFL_ST10~	C	2	State of licensure for tenth State license. (Refer to Section 4, List A for State codes.)	I
RESERVED~		0	Reserved field; leave blank .	M*

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* It is mandatory that this field is left blank.

Table 3-8: Individual Subject Data Record (ISUBJ)

Field	Field Type	Field Width	Description	Status
ISUBJ~	T	5	Tag for Individual Subject Data Record - "ISUBJ."	M
LNAME~	A	25	Last name of subject.	M
FNAME~	A	15	First name of subject.	M
MNAME~	A	15	Middle name of subject.	I
SUFFIX~	A	4	Suffix (e.g., JR, SR, III).	I
GENDER~	C	1	"M" = Male, "F" = Female, "U" = Unknown.	M
HOME_ADDR1~	A	40	First line of home address of record.	I*
HOME_ADDR2~	A	40	Second line of address.	I
HOME_CITY~	A	28	City.	I*
HOME_STATE~	C	2	If State or territory is in U.S.A. Refer to Section 4, List A for State codes.	I*
HOME_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
HOME_ZIP5~	A	5	ZIP Code.	I*
HOME_ZIP4~	A	4	4-digit ZIP Code extension.	I
ORG_NAME~	A	50	Name of organization where subject works.	I
RESERVED~		0	Reserved field; leave blank .	M**
RESERVED~		0	Reserved field; leave blank .	M**
WORK_ADDR1~	A	40	First line of street address where subject works.	M*
WORK_ADDR2~	A	40	Second line of address.	I
WORK_CITY~	A	28	City.	M*
WORK_STATE~	C	2	If State or territory is inside U.S.A. Refer to Section 4, List A for State codes.	M*
WORK_CNTRY~	A	20	Required if country is not U.S.A.; leave blank if country is U.S.A.	I
WORK_ZIP5~	A	5	ZIP Code.	M*
WORK_ZIP4~	A	4	4-digit ZIP Code extension.	I
DOB~	D	8	Date of birth in MMDDYYYY format.	M
DECEASED~	C	1	Is the subject deceased? "Y" = Yes, "N" = No, "U" = Unknown.	M
DECEASED_DATE~	D	8	If the subject is deceased, enter the date of death in MMDDYYYY format.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* If the work address is unknown or the subject is unemployed, a home address is mandatory.

** It is mandatory that this field is left blank.

Table 3-9: Individual Supplemental Information Data Record (ISUPPL)

Field	Field Type	Field Width	Description
ISUPPL~	T	6	Tag for Individual Supplemental Information Data Record - "ISUPPL."
DECEASED_DT~	D	8	Date of death in MMDDYYYY format.
LNAME1~	A	25	Last name of subject.
FNAME1~	A	15	First name of subject.
MNAME1~	A	15	Middle name of subject.
SUFFIX1~	A	5	Suffix (e.g., JR, SR, III).
LNAME2~	A	25	Second provided last name of subject.
FNAME2~	A	15	Second provided first name of subject.
MNAME2~	A	15	Second provided middle name of subject.
SUFFIX2~	A	5	Second provided suffix (e.g., JR, SR, III).
LNAME3~	A	25	Third provided last name of subject.
FNAME3~	A	15	Third provided first name of subject.
MNAME3~	A	15	Third provided middle name of subject.
SUFFIX3~	A	5	Third provided suffix (e.g., JR, SR, III).
LNAME4~	A	25	Fourth provided last name of subject.
FNAME4~	A	15	Fourth provided first name of subject.
MNAME4~	A	15	Fourth provided middle name of subject.
SUFFIX4~	A	5	Fourth provided suffix (e.g., JR, SR, III).
LNAME5~	A	25	Fifth provided last name of subject.
FNAME5~	A	15	Fifth provided first name of subject.
MNAME5~	A	15	Fifth provided middle name of subject.
SUFFIX5~	A	5	Fifth provided suffix (e.g., JR, SR, III).

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory, If Known

The status column for all fields is not applicable.

Information in this data record was not provided by the reporting entity. This information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report. This disclaimer should be clearly identified on generated reports.

Table 3-10: Medical Malpractice Payment Report Data Record (MMPR)

Field	Field Type	Field Width	Description	Status
MMPR~	T	4	Tag for Medical Malpractice Payment Report Data Record - "MMPR."	M
PREV_DCN~	N	16	On input, this field is only applicable for report corrections and should contain the DCN of the report to be corrected. If submitting an initial report, leave this field blank. For report responses, this field will contain the new DCN assigned to the submitted report.	M
RELATIONSHIP_OF_ENTITY~	C	1	Relationship of entity to this practitioner. "P" = Insurance company - Primary Insurer, "E" = Insurance company - Excess Insurer, "S" = Self-Insured Organization, "G" = Insurance Guaranty Fund. "M" = State Medical Malpractice Payment Fund as the Primary Payer for This Practitioner, "O" = State Medical Malpractice Payment Fund as a Secondary Payer for This Practitioner.	M
AMOUNT_PAID~	N	12,2	Amount of this payment for this practitioner in dollars and cents (do not include dollar sign; include decimal point; max value 999999999.99; must be greater than 0.00). If this payment represents a preliminary payment prior to a final settlement, select "M" in the PAYMENT_TYPE field and explain the circumstances in the DESC_JUDGMENT field. Once the settlement is reached, file a correction report and provide a revised total amount in the TOTAL_PAYMENT_AMOUNT field.	M
PAYMENT_DATE~	D	8	Date of this payment in MMDDYYYY format. Date must not be in the future.	M
PAYMENT_TYPE~	C	1	This payment represents: "S" = Single Final Payment, "M" = One of Multiple Payments.	M
TOTAL_PAYMENT_AMOUNT~	N	12,2	Total dollar amount paid or to be paid by this payer for this practitioner in dollars and cents (do not include dollar sign; include decimal point; max value 999999999.99; must be greater than 0.00). If this payment is a preliminary payment before a final settlement, file a correction report once the settlement is reached and the total amount is known.	M
PAYMENT_RESULT_OF~	C	1	Action from which payment resulted. "J" = Judgment, "S" = Settlement, "B" = Payment Prior to Settlement.	I
JUDGMENT_DATE~	D	8	Date of the judgment or settlement in MMDDYYYY format. Date must not be in the future.	I

Field	Field Type	Field Width	Description	Status
ADJ_BODY_CASE_NBR~	A	20	Case or docket number of adjudicative body with which the claim was filed. If none, leave blank.	I
ADJ_BODY_NM~	A	60	Name of the adjudicative body with which the claim was filed. If none, leave blank.	I
COURT_FILE_NBR~	A	10	File number assigned by the court with which the claim was filed. If none, leave blank.	I
DESC_JUDGMENT_SETTLEMENT~	A	2000	Description of judgment or settlement and any conditions, including terms of payment. Do not reference any personal identification information about the patient or other practitioners.	M
TOT_AMT_ALL_PRACT~	N	12,2	Total amount paid or to be paid by this payer for all practitioners in this case in dollars and cents (do not include dollar sign; include decimal point; max value 999999999.99; must be greater than 0.00).	I
NBR_OF_PRACT~	N	3	Number of practitioners for whom this payer has paid or will pay in this case.	I
STATE_FUND_PAID~	C	1	Has a State Guaranty Fund or State Excess Judgment Fund made a payment for this practitioner in this case, or is such a payment expected to be made. "Y" = Yes, "N" = No, "U" = Unknown. Must be blank when RELATIONSHIP_OF_ENTITY is "G", "M", or "O".	I
AMT_STATE_FUND_PAID~	N	12,2	Amount paid or expected to be paid by State Guaranty Fund or State Excess Judgment Fund. Must be blank when RELATIONSHIP_OF_ENTITY is "G", "M", or "O".	I
SELF_INSURED_PAID~	C	1	Has a self-insured organization(s) and/or other insurance company/companies made payment for this practitioner in this case or is such payment expected to be made? "Y" = Yes, "N" = No, "U" = Unknown. Must be blank when RELATIONSHIP_OF_ENTITY is "S".	I
AMT_SELF_INSURED_PAID~	N	12,2	Amount paid or expected to be paid by self-insured organization(s) and/or other insurance company/companies. Must be blank when RELATIONSHIP_OF_ENTITY is "S".	I
PATIENT_AGE_TYPE~	C	1	Patient's age at time of initial event. "D" (Days) = If less than one month or fetus, "M" (Months) = If less than one year, "Y" (Years) = If one or more years, "U" = Unknown.	M

Field	Field Type	Field Width	Description	Status
PATIENT_AGE~	N	3	Patient's age at time of initial event. See PATIENT_AGE_TYPE above. Enter 0 – If patient is a fetus and “D” is selected in the PATIENT_AGE_TYPE field, <= 31 - If “D” is reported, >= 1 and <= 12 - If “M” is reported, >= 1 - If “Y” is reported, Leave blank - If “U” is reported.	M
PATIENT_GENDER~	C	1	Gender of the patient. “M” = Male, “F” = Female, “U” = Unknown.	M
PATIENT_TYPE~	C	1	Type of patient. “I” = Inpatient, “O” = Outpatient, “B” = Both, “U” = Unknown.	M
DESC_CONDITION~	A	1000	Description of the medical condition with which the patient presented for treatment (prior to the event that led to the malpractice allegation). Do not reference any personal identification information about the patient or other practitioners.	M
DESC_PROCEDURE~	A	1000	Description of the procedure performed or treatment rendered by the insured to the patient. Do not reference any personal identification information about the patient or other practitioners.	M
NATURE_ALLEGATION~	C	3	Nature of the allegation. Refer to Section 4, List C for codes.	M
SPECIFIC_ALLEGATION1~	C	3	Specific allegation best describing the alleged act(s) or omission(s). Refer to Section 4, List D for codes.*	M
OTHER_ALLEGATION_DESC1~	A	60	Other allegation description. Complete only if Specific allegation “999” is selected. Describe the other allegation.	I
DATE_EVENT1~	D	8	Date of the event associated with allegation or incident in MMDDYYYY format. Date must be before the payment date.	M
SPECIFIC_ALLEGATION2~	C	3	Second specific allegation best describing the alleged act(s) or omission(s). Refer to Section 4, List D for codes.*	I
OTHER_ALLEGATION_DESC2~	A	60	Second other allegation description. Complete only if Specific allegation “999” is selected. Describe the other allegation.	I
DATE_EVENT2~	D	8	Second date of the event associated with allegation or incident in MMDDYYYY format. This field is mandatory if SPECIFIC_ALLEGATION2 is provided.	I
OUTCOME~	C	2	Select the severity of injury category that best describes the actual impact of the alleged act(s) or omission(s) on the patient. Refer to Section 4, List E for codes.	M

Field	Field Type	Field Width	Description	Status
DESC_ALLEGATIONS~	A	2000	Description of the allegations and injuries or illnesses upon which the action or claim was based. Do not reference any personal identification information about the patient or other practitioners.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

*** If reporting SPECIFIC_ALLEGATION1 and SPECIFIC_ALLEGATION2, enter the most significant allegation first. Only select the same specific allegation code for both if the alleged act or omission occurred more than once and on different dates.**

Table 3-11: Medical Malpractice Report Type Data Record (MMRT)

Field	Field Type	Field Width	Description
MMRT~	T	4	Tag for Medical Malpractice Payment Report Type Data Record - "MMRT."
RPT_TYPE~	C	1	Type of report - "I" = Initial, "C" = Correction.
ORIG_DT~	D	8	Date of original submission in MMDDYYYY format.
REC_DT~	D	8	Date of most recent change in MMDDYYYY format.
TITLEIV~*	C	0/1	This report is maintained by the NPDB for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. "Y" = Yes, "N" = No.
RESERVED~		0	This is a reserved field; leave blank .
1128E~*	C	0/1	This report is maintained by the HIPDB for restricted use under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. "Y" = Yes, "N" = No.
NPDB_FL~	C	0/1	This report is maintained by NPDB; "Y" = Yes, "N" = No.
HIPDB_FL~	C	0/1	This report is maintained by HIPDB. "Y" = Yes, "N" = No.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

***These data fields indicate the statute(s) under which the NPDB, the HIPDB or both Data Banks have the authority to collect, maintain and disclose this report.**

The status column for all fields is not applicable.

Table 3-12: Other Name(s) Used Data Record (ALIAS)

Field	Field Type	Field Width	Description	Status
ALIAS~	T	5	Tag for Other Name(s) Used Data Record - "ALIAS."	M
LNAME1~	A	25	Other last name used by subject.*	I
FNAME1~	A	15	Other first name used by subject.*	I
MNAME1~	A	15	Other middle name used by subject.	I
SUFFIX1~	A	4	Other Suffix (e.g., JR, SR, III).	I
LNAME2~	A	25	Second other last name used by subject.*	I
FNAME2~	A	15	Second other first name used by subject.*	I
MNAME2~	A	15	Second other middle name used by subject.	I
SUFFIX2~	A	4	Second other suffix (e.g., JR, SR, III).	I
LNAME3~	A	25	Third other last name used by subject.*	I
FNAME3~	A	15	Third other first name used by subject.*	I
MNAME3~	A	15	Third other middle name used by subject.	I
SUFFIX3~	A	4	Third other suffix (e.g., JR, SR, III).	I
LNAME4~	A	25	Fourth other last name used by subject.*	I
FNAME4~	A	15	Fourth other first name used by subject.*	I
MNAME4~	A	15	Fourth other middle name used by subject.	I
SUFFIX4~	A	4	Fourth other suffix (e.g., JR, SR, III).	I
LNAME5~	A	25	Fifth other last name used by subject.*	I
FNAME5~	A	15	Fifth other first name used by subject.*	I
MNAME5~	A	15	Fifth other middle name used by subject.	I
SUFFIX5~	A	4	Fifth other suffix (e.g., JR, SR, III).	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

* When specifying other names used information, both first name and last name must be provided.

Table 3-13: Previous DCN Data Record (PDCN)

Field	Field Type	Field Width	Description	Status
PDCN~	T	4	Tag for Previous DCN Data Record - "PDCN."	M
PREV_DCN~	N	16	Data Bank Control Number of Corrected or Voided report.	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-14: Professional School Data Record (GRAD)

Field	Field Type	Field Width	Description	Status
GRAD~	T	4	Tag for Professional School Data Record - "GRAD."	M
SCHOOL1~	A	40	Name of professional school attended by a subject. Enter name of professional school or certificate program. * **	M
GRAD_YR1~	D	4	Year of graduation in YYYY format. Enter year of graduation from professional school or year of completion of certificate program. * **	M
SCHOOL2~	A	40	Second name of professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR2 is provided. * **	I
GRAD_YR2~	D	4	Year of graduation in YYYY format. Enter year of graduation from second professional school or year of completion of certificate program. Required if SCHOOL2 is provided. * **	I
SCHOOL3~	A	40	Third name of professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR3 is provided. * **	I
GRAD_YR3~	D	4	Year of graduation in YYYY format. Enter year of graduation from third professional school or year of completion of certificate program. Required if SCHOOL3 is provided. * **	I
SCHOOL4~	A	40	Fourth name of professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR4 is provided. * **	I
GRAD_YR4~	D	4	Year of graduation in YYYY format. Enter year of graduation from fourth professional school or year of completion of certificate program. Required if SCHOOL4 is provided. * **	I
SCHOOL5~	A	40	Fifth name of professional school attended by a subject. Enter name of professional school or certificate program. Required if GRAD_YR5 is provided. * **	I
GRAD_YR5~	D	4	Year of graduation in YYYY format. Enter year of graduation from fifth professional school or year of completion of certificate program. Required if SCHOOL5 is provided. * **	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known.

* When specifying professional school information, both professional school and year of graduation must be provided.

** If the report subject did not graduate (but completed a certificate program), provide the school name in the Professional School Attended field and the last year of attendance. If the subject did not attend a school, provide the name of the certificate program and the year that it was completed. In the event that the subject neither attended a school nor completed a certificate program, enter "None" in the Professional School Attended field and enter the year that the subject was authorized by the state to provide health care services in the Year of Graduation field.

Table 3-15: Report Point of Contact Data Record (RPOC)

Field	Field Type	Field Width	Description
RPOC~	T	4	Tag for Report Point of Contact Data Record - "RPOC."
NAME_OFFICE~	A	40	The individual or office authorized as the point of contact on report output documents.
TITLE_DEPT~	A	40	Title or department of point of contact.
PHONE~	N	10	Telephone number.
PHONE_EXT~	N	5	Telephone extension.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Reporting entities may designate a point of contact when they update their entity registration information through the IQRS.

Table 3-16: Report Statement Data Record (RSDR)

Field	Field Type	Field Width	Description
RSDR~	T	4	Tag for Report Statement Data Record - "RSDR."
SUBJECT_STMT_DT~	D	8	Date statement was submitted by the subject in MMDDYYYY format.
SUBJECT_STMT_DT_STATUS~	C	1	Was the subject statement submitted for this version of the report or an earlier version? "Y" = The subject entered the statement contained in the SUBJECT_STMT field in response to this version of this report. "N" = The subject entered the statement contained in the SUBJECT_STMT in response to an earlier version of this report. The reporting entity changed the report after the subject prepared the statement. As of the date this report response was processed, the subject has not changed the statement in response to the changes in the report.
SUBJECT_STMT~	A	2000	Subject statement.
SECRETARY_STMT_DT~	D	8	Date Secretary statement was entered in MMDDYYYY format.
SECRETARY_STMT_DT_STATUS~	C	1	Was the secretary statement entered for this version of the report or an earlier version? "Y" = The Secretary of the Department of Health and Human Services reviewed this version of this report and entered the statement contained in the SECRETARY_STMT field. "N" = The Secretary of the Department of Health and Human Services reviewed an earlier version of this report and entered the statement contained in the SECRETARY_STMT field. After the Secretarial Review decision and statement were entered, the reporting entity changed the report. The Secretary has not reviewed the current version of the report.
SECRETARY_STMT~	A	2000	Secretary of the U.S. Department of Health and Human Services statement.

Field	Field Type	Field Width	Description
DISPUTE_FL~	C	1	Report dispute status. "N" = not in dispute, "Y" = in dispute, "S" = elevated to Secretarial Review, "R" = reviewed by Secretary.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

The status column for all fields is not applicable.

Table 3-17: Short Individual Subject Data Record (SIS)

Field	Field Type	Field Width	Description	Status
SIS~	T	3	Tag for Short Individual Subject Data Record - "SIS."	M
LNAME~	A	25	Last name of subject.	M
FNAME~	A	15	First name of subject.	M
MNAME~	A	15	Middle name of subject.	I
SUFFIX~	A	4	Suffix (e.g., JR, SR, III).	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-18: Social Security Number Data Record (SSN)

Field	Field Type	Field Width	Description	Status
SSN~	T	3	Tag for Social Security Number Data Record - "SSN."	M
SSN1~	N	9	Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I
SSN2~	N	9	Second Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I
SSN3~	N	9	Third Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I
SSN4~	N	9	Fourth Social Security Number of subject (do not include hyphens). Cannot be all zeros.	I

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-19: Trailer Data Record (TRLR)

Field	Field Type	Field Width	Description	Status
TRLR~	T	4	Tag for Trailer Data Record - "TRLR."	M

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

Table 3-20: Transaction Status Data Record (RSTA)

Field	Field Type	Field Width	Description
RSTA~	A	4	Tag for Transaction Status Data Record - "RSTA."
DCN~	N	16	Data Bank Control Number assigned to this transaction.
PROCESS_DT~	D	8	Date transaction was processed in MMDDYYYY format.
FILE_TRANS_STATUS~	C	1	File status "R" = successfully processed, "F" = failed.
ERR_CD~	C	2	Error code – A two-digit code indicating why the transaction was rejected and could not be processed. See Section 4, List F. This field will be repeated for each error found. The field is only present when an error is present. Files with no errors will not list this field nor will a placeholder be present.

Field Type: A = Alphanumeric, C = Code, D = Date, N = Numeric, T = Tag

Status: M = Mandatory, I = Mandatory If Known

The status column for all fields is not applicable.

4. Medical Malpractice Report Code Lists

List A-1 State Abbreviations and U.S. Territories

AL Alabama AK Alaska AZ Arizona AR Arkansas CA California CO Colorado CT Connecticut DE Delaware DC District of Columbia FL Florida GA Georgia HI Hawaii ID Idaho IL Illinois IN Indiana IA Iowa KS Kansas	KY Kentucky LA Louisiana ME Maine MD Maryland MA Massachusetts MI Michigan MN Minnesota MS Mississippi MO Missouri MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico NY New York NC North Carolina	ND North Dakota OH Ohio OK Oklahoma OR Oregon PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming
AS American Samoa FM Federated States of Micronesia	GU Guam MP Northern Marianas PW Palau	PR Puerto Rico VI Virgin Islands
AA Central and South America (Armed Forces)	AE Europe (Armed Forces)	AP Pacific (Armed Forces)
<p>Please adhere to the following guidelines when entering foreign or military addresses:</p> <p>Addresses for United States Territories:</p> <ul style="list-style-type: none"> Enter Territory abbreviation in "State" field. <p>Addresses outside the United States or its territories:</p> <ul style="list-style-type: none"> Leave the "State" field blank. Enter the city and/or province in the "City" field. Enter the Country Code in the "ZIP" fields - maximum 5 characters in first field, maximum 4 characters in the second field. Enter the country in the "Country" field. <p>Military Addresses:</p> <ul style="list-style-type: none"> Enter APO or FPO in the "City" field. Enter AE, AA, or AP in the "State" field. Enter the ZIP code in the "ZIP" field. <p>Following State Codes are not valid for State of Licensure:</p> <ul style="list-style-type: none"> AA Central and South America (Armed Forces) AE Europe (Armed Forces) AP Pacific (Armed Forces) 		

LIST A-2
APO/FPO Postal Codes*

APO/FPO Code	First 3 digits of ZIP Code	Geographic Area	APO/FPO Code	First 3 digits of ZIP Code	Geographic Area
AE - Europe	090-092	Germany	AA – Americas	340	Central, South Americas
	094	United Kingdom			
	095	Atlantic Ocean/ Mediterranean Sea Ships	AP – Pacific	962	Korea
	096	Italy, Spain		963	Japan
	097	Other Europe		964	Philippines
	098	Middle East, Africa		965	Other Pacific and Alaska
				966	Pacific and Indian Ocean Ships

* APO/FPO Codes (State Codes) are not valid for State of Licensure. Refer to List A-1.

List B-1 Occupation/Field of Licensure Codes

603 Chiropractor Counselor 621 Counselor, Mental Health 651 Professional Counselor 654 Professional Counselor, Alcohol 657 Professional Counselor, Family/Marriage 660 Professional Counselor, Substance Abuse 661 Marriage and Family Therapist Dental Service Provider 030 Dentist 035 Dental Resident 606 Dental Assistant 609 Dental Hygienist 612 Denturist Dietician/Nutritionist 200 Dietician 210 Nutritionist Emergency Medical Technician (EMT) 250 EMT, Basic 260 EMT, Cardiac/Critical Care 270 EMT, Intermediate 280 EMT, Paramedic Eye and Vision Service Provider 630 Ocularist 633 Optician 636 Optometrist Nurse/Advanced Practice Registered Nurse 100 Registered (Professional) Nurse 110 Nurse Anesthetist 120 Nurse Midwife 130 Nurse Practitioner 140 Licensed Practical or Vocational Nurse 141 Clinical Nurse Specialist Nurse Aide, Home Health Aide and Other Aide 148 Certified Nurse Aide/Certified Nursing Assistant 150 Nurses Aide 160 Home Health Aide (Homemaker) 165 Health Care Aide/Direct Care Worker 175 Certified or Qualified Medication Aide	Pharmacy Service Provider 050 Pharmacist 055 Pharmacy Intern 060 Pharmacist, Nuclear 070 Pharmacy Assistant 075 Pharmacy Technician Physician 010 Physician (MD) 015 Physician Intern/Resident (MD) 020 Osteopathic Physician (DO) 025 Osteopathic Physician Intern/Resident (DO) Physician Assistant 642 Physician Assistant, Allopathic 645 Physician Assistant, Osteopathic Podiatric Service Provider 350 Podiatrist 648 Podiatric Assistant Psychologist/Psychological Assistant 371 Psychologist 372 School Psychologist 373 Psychological Assistant, Associate, Examiner Rehabilitative, Respiratory and Restorative Service Provider 402 Art/Recreation Therapist 405 Massage Therapist 410 Occupational Therapist 420 Occupational Therapy Assistant 430 Physical Therapist 440 Physical Therapy Assistant 450 Rehabilitation Therapist 663 Respiratory Therapist 666 Respiratory Therapy Technician 300 Social Worker Speech, Language and Hearing Service Provider 400 Audiologist 460 Speech/Language Pathologist 470 Hearing Aid/Hearing Instrument Specialist	Technologist 500 Medical Technologist 505 Cytotechnologist 510 Nuclear Medicine Technologist 520 Radiation Therapy Technologist 530 Radiologic Technologist Other Health Care Practitioner 600 Acupuncturist 601 Athletic Trainer 615 Homeopath 618 Medical Assistant 624 Midwife, Lay (Non-Nurse) 627 Naturopath 639 Orthotics/Prosthetics Fitter 647 Perfusionist 170 Psychiatric Technician 699 Other Health Care Practitioner - Not Classified, Specify, _____
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List B-2 Occupation/Field of Licensure Codes - Retired¹

135 Advanced Practice Nurse 370 Psychologist, Clinical

¹ Retired Codes may not be submitted on new reports.

List C
Nature of Allegation Codes

001 Diagnosis Related	060 Treatment Related
010 Anesthesia Related	070 Monitoring Related
020 Surgery Related	080 Equipment/Product Related
030 Medication Related	090 Other Miscellaneous
040 IV & Blood Products Related	100 Behavioral Health Related
050 Obstetrics Related	

List D

Specific Allegation Codes*

<p>Failure to Take Appropriate Action</p> <p>100 Failure to Use Aseptic Technique</p> <p>101 Failure to Diagnose</p> <p>102 Failure to Delay a Case When Indicated</p> <p>103 Failure to Identify Fetal Distress</p> <p>104 Failure to Treat Fetal Distress</p> <p>105 Failure to Medicate</p> <p>106 Failure to Monitor</p> <p>107 Failure to Order Appropriate Medication</p> <p>108 Failure to Order Appropriate Test</p> <p>109 Failure to Perform Preoperative Evaluation</p> <p>110 Failure to Perform Procedure</p> <p>111 Failure to Perform Resuscitation</p> <p>112 Failure to Recognize a Complication</p> <p>113 Failure to Treat</p> <p>Delay in Performance</p> <p>200 Delay in Diagnosis</p> <p>201 Delay in Performance</p> <p>202 Delay in Treatment</p> <p>203 Delay in Treatment of Identified Fetal Distress</p> <p>Error/Improper Performance</p> <p>300 Administration of Blood or Fluids Problem</p> <p>301 Agent Use or Selection Error</p> <p>302 Complementary or Alternative Medication Problem</p> <p>303 Equipment Utilization Problem</p> <p>304 Improper Choice of Delivery Method</p> <p>305 Improper Management</p> <p>306 Improper Performance</p> <p>307 Improperly Performed C-Section</p> <p>308 Improperly Performed Vaginal Delivery</p> <p>309 Improperly Performed Resuscitation</p> <p>310 Improperly Performed Test</p> <p>311 Improper Technique</p> <p>312 Intubation Problem</p> <p>313 Laboratory Error</p> <p>314 Pathology Error</p> <p>315 Medication Administered via Wrong Route</p> <p>316 Patient History, Exam, or Workup Problem</p> <p>317 Problems With Patient Monitoring in Recovery</p> <p>318 Patient Monitoring Problem</p> <p>319 Patient Positioning Problem</p> <p>320 Problem with Appliance, Prostheses, Orthotic, Restorative, Splint, Device, etc.</p> <p>321 Radiology or Imaging Error</p> <p>322 Surgical or Other Foreign Body Retained</p> <p>323 Wrong Diagnosis or Misdiagnosis</p> <p>324 Wrong Dosage Administered</p> <p>325 Wrong Dosage Dispensed</p> <p>326 Wrong Dosage Ordered of Correct Medication</p> <p>327 Wrong Medication Administered</p>	<p>328 Wrong Medication Dispensed</p> <p>329 Wrong Medication Ordered</p> <p>330 Wrong Body Part</p> <p>331 Wrong Blood Type</p> <p>332 Wrong Equipment</p> <p>333 Wrong Patient</p> <p>334 Wrong Procedure or Treatment</p> <p>Unnecessary/Contraindicated Procedure</p> <p>400 Contraindicated Procedure</p> <p>401 Surgical or Procedural Clearance Contraindicated</p> <p>402 Unnecessary Procedure</p> <p>403 Unnecessary Test</p> <p>404 Unnecessary Treatment</p> <p>Communication/Supervision</p> <p>500 Communication Problem Between Practitioners</p> <p>501 Failure to Instruct or Communicate with Patient or Family</p> <p>502 Failure to Report on Patient Condition</p> <p>503 Failure to Respond to Patient</p> <p>504 Failure to Supervise</p> <p>505 Improper Supervision</p> <p>Continuity of Care/Care Management</p> <p>600 Failure/Delay in Admission to Hospital or Institution</p> <p>601 Failure/Delay in Referral or Consultation</p> <p>602 Premature Discharge from Institution</p> <p>603 Altered, Misplaced or Prematurely Destroyed Records</p> <p>Behavior/Legal</p> <p>700 Abandonment</p> <p>701 Assault and Battery</p> <p>702 Breach of Contract or Warranty</p> <p>703 Breach of Patient Confidentiality</p> <p>704 Equipment Malfunction</p> <p>705 Failure to Conform with Regulation, Statute, or Rule</p> <p>706 Failure to Ensure Patient Safety</p> <p>707 Failure to Obtain Consent or Lack of Informed Consent</p> <p>708 Failure to Protect a Third Party</p> <p>709 Failure to Test Equipment</p> <p>710 False Imprisonment</p> <p>711 Improper Conduct</p> <p>712 Inadequate Utilization Review</p> <p>713 Negligent Credentialing</p> <p>714 Practitioner with Communicable Disease</p> <p>715 Product Liability</p> <p>716 Religious Issues</p> <p>717 Sexual Misconduct</p> <p>718 Third Party Claimant</p> <p>719 Vicarious Liability</p> <p>720 Wrongful Life/Birth</p> <p>899 Cannot Be Determined from Available Records</p> <p>999 Allegation – Not Otherwise Classified, Specify _____</p>
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* These codes were adapted from code lists developed by The Risk Management Foundation of the Harvard Medical Institutions and the Physician Insurers Association of America.

List E
Outcome Codes

Code	Description
01	Emotional injury only
02	Insignificant injury
03	Minor temporary injury
04	Major temporary injury
05	Minor permanent injury
06	Significant permanent injury
07	Major permanent injury
08	Grave Permanent Injury, such as quadriplegic or brain damage, requiring lifelong dependent care
09	Death
10	Cannot be determined from available records

List F Error Codes

Code	Description
01	Format of information in subject record(s) was in error.
05	SQL error.
06	Invalid transaction code entered.
07	Invalid Data Bank ID.
08	Invalid password.
13	This agent does not have the authority to act for entity.
20	All or part of subjects name is missing or invalid. At least one name is required, and each provided name requires a first and last name.
23	Incomplete subject Occupation/Field of Licensure information. For each license number you provide, you must also provide a valid, two-letter abbreviation for the U.S. State from where the license was issued, and a valid, three-digit Occupation/Field of Licensure code.
25	All or part of school information is missing or illegible: professional school information must include both the name of the professional health care school attended and the year the subject graduated. If the subject did not graduate, provide the last year he or she attended the school-this will be presented on the response as the subject year of graduation.
26	Invalid Drug Enforcement Administration number.
27	Invalid Social Security Number.
28	Missing, invalid, or illegible date of birth. Date of birth must be at least 15 years before today's date and after 1900.
29	Invalid Gender code.
35	Invalid Hospital data. A valid Name, City, and State is required for each hospital provided.
36	Missing or invalid relation of entity to subject.
37	Invalid payment type.
38	Invalid payment result.
39	All or part of certification is missing: you must provide your printed name, your title (except for individual subject self-queries), your daytime telephone number, your signature, and the date you signed the form. Please submit a new, fully completed form to the Data Bank(s).
46	Data Bank Control Number of report to be voided or corrected is missing or invalid.
50	Valid Data Bank Control Number of report to be corrected or voided was not provided.
52	Attempted to correct or void a report that has been previously voided or replaced by a corrected version.
57	Control character (non-alphanumeric) found in file.
69	Graduation year is inconsistent with year of birth: the subject's date of birth and year of graduation must be at least 15 years apart.
71	Invalid Agent Identification Number.
72	Entity does not have active status
73	Agent does not have active status.
74	Possible @ sign in data.
77	Invalid certification phone number.
78	Invalid certification phone extension.
79	Invalid subject deceased flag.
81	Invalid subject address.
82	Invalid payment on Medical Malpractice Payment Report.
87	Unable to read certification data record.
90	Missing last name from name record.
91	Missing first name from name record.
AF	This agent user ID does not have authority to perform this action for this entity.
B1	Incomplete individual subject Occupation/Field of Licensure.
B2	Incomplete or invalid subject Occupation/Field of Licensure information. For each License provided, a valid, two-letter abbreviation for the U.S. State from where the license was issued and a valid, three-digit Occupation/Field of Licensure code must be provided. License Numbers must contain at least one digit. If the subject does not have a license, specify No License and do not provide a License Number. An Occupation/Field of Licensure Description is required if the Occupation/Field of Licensure code is "Other", and not allowed otherwise.
B7	Incomplete short organization subject data record.
D0	Invalid deceased date.
D6	Report is not valid under any NPDB-HIPDB statutory authority.
F6	The previous DCN did not match a report in the Data Bank.
M0	Specific allegation or date of event is missing or invalid, or description for an unclassified specific allegation is missing.

List F (continued) Error Codes

Code	Description
M1	Missing or invalid payment date. The date must be a valid date, must not be in the future, and must occur after the date(s) of event(s) associated with the allegation(s) or incident(s).
M2	Description of judgment or settlement is missing or invalid.
M3	Number of practitioners for whom this payer has paid or will pay in this case must be a value between 1 and 999 inclusive.
M4	State fund payment flag or amount is invalid.
M5	Self-insured payment flag or amount is invalid.
M6	Patient age, gender or type is missing or invalid.
M7	Description of the medical condition with which the patient presented for treatment is missing or invalid.
M8	Description of the procedure performed is missing or invalid.
M9	Nature of allegation code is missing or invalid.
MA	Outcome is missing or invalid.
MB	Description of allegations and injuries or illnesses is missing or invalid.
MC	Total amount paid or to be paid by this payer for this practitioner must be greater than or equal to the amount of this payment by this payer for this practitioner.
MD	Total amount paid or to be paid by this payer for all practitioners must be greater than or equal to total amount paid or to be paid by this payer for this practitioner.
ME	The NPDB no longer accepts initial Medical Malpractice Payment Reports in legacy format.
MF	State fund payment flag and/or amount is invalid. Your entity's relationship to this practitioner (as specified in this submission) does not allow the completion of the state fund payment fields.
MG	Self-insured payment flag or amount is invalid. Your entity's relationship to this practitioner (as specified in this submission) does not allow the completion of the self-insured organization and/or other insurance company payment fields.
MH	Judgment or Settlement Date is invalid.
R1	All or part of certification information is missing.
R9	You do not have the correct statutory authority to submit this report.
RB	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for your organization must be renewed before the submission file can be processed by the Data Banks. The certifying official for your organization must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed your registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. You will receive Data Bank Correspondence once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration on the registration confirmation screen within the IQRS. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RC	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for your organization must be renewed before the submission file can be processed by the Data Banks. The certifying official for your organization must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html , as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.
RD	Due to the publication of final regulations implementing Section 1921 of the Social Security Act, the DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the new Section 1921 statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html . Once the certifying official has reviewed these statutory authorities, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.

List F (continued)
Error Codes

Code	Description
RE	<p>The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html, as part of the renewal process. Once the statutory authorities have been reviewed, complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. The completed form must be signed and mailed to the NPDB-HIPDB for processing. If your organization has already mailed the registration renewal to the Data Banks, it will be processed within one business day of its receipt by the NPDB-HIPDB. Data Bank Correspondence will be sent once the Data Banks have successfully processed your registration renewal form. If necessary, you may complete a new form by selecting Renew Registration below. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.</p>
RF	<p>The DBID for your organization must be renewed before you can access the Data Banks services. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. The certifying official for your organization must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html, as part of the renewal process. Contact the administrator of your organization so they can renew the registration. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.</p>
RG	<p>The DBID for the entity on whose behalf you are submitting the file must be renewed before the submission file can be processed by the Data Banks. The NPDB-HIPDB requires all registered entities to periodically renew their registration information. Re-registration enables the NPDB-HIPDB to maintain accurate entity contact information and provides the entity with the opportunity to review the legal requirements and verify their compliance for participation with NPDB-HIPDB. As part of the renewal process, the certifying official of the entity on whose behalf you are submitting the file must review the NPDB-HIPDB statutory authorities, available at http://www.npdb-hipdb.hrsa.gov/legislation.html. Once the certifying official has reviewed these statutory authorities, the entity administrator can complete the on-line registration renewal form by logging in to the IQRS and selecting Renew Registration on the registration confirmation screen. If you need further assistance, please contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732.</p>
RH	<p>File is not compliant with the current format version of the latest Interface Control Document (ICD). Please review the appropriate ICD specification for the type of transaction you wish to submit and update your ICD transaction files.</p>

List G
Medical Malpractice Payment Report Transaction Codes

Code	Description
M2	Initial Report: The first record of a medical malpractice payment submitted to and processed by the NPDB. An Initial Report is the current version of the report until a Correction or Void is submitted.
M4	Correction: A report that corrects an error or omission in an existing report. The Correction will supersede the contents of a current version of a report in the NPDB. It should be submitted as soon as possible after a reporting error or omission is discovered. Corrections may be submitted as often as necessary.
M6	Void: The retraction of a report in its entirety from the NPDB. The report is removed from the subject's disclosable record.

5. Sample Files

Note that in the sample files the end of a line is marked by “\n.” The “\n” represents the new line character that should appear in the file. **Actual transaction files should not use the characters “\” and “n” to indicate the end of a record.**

Sample 1A: Sample Initial MMPR Report - Submission

```
HDR~39970000003997~JohnPw12~M2~R8.0~27548141~07082003~~administrator~\n
ISUBJ~DRILLER~IMA~~F~~~~~453 ELM STREET~~BANGOR~ME~~11111~~07111960~U~~\n
DEA~\n
ISOFL~030~~59998755555~ME~~\n
GRAD~HARVARD~1985~BAYLOR~1987~\n
ALIAS~\n
SSN~222334444~333445555~444556666~\n
MMPR~~E~10000.00~08191998~S~10000.00~S~~~~~NONE~~~~~U~~U~U~NONE~NONE~100~101~~03141998~~~~04~NONE~\n
HOSP~\n
CERT~John Smith~Intern~2934823904~~07082003~\n
ER~DRIL423~\n
CUSE~\n
TRLR~\n
```

Sample 1B: Sample Initial MMPR Report - Response

```
HDR~39970000003997~JohnPw12~M2~R8.0~27548141~07082003~~ADMINISTRATOR~\n
RSTA~7950000029490361~07212003~R~\n
MMRT~I~07212003~07212003~Y~~N~Y~N~\n
ISUBJ~DRILLER~IMA~~F~~~~~453 ELM STREET~~BANGOR~ME~~11111~~07111960~U~~\n
DEA~~~~~\n
ISOFL~030~~59998755555~ME~~~~~\n
GRAD~HARVARD~1985~BAYLOR~1987~~~~~\n
ALIAS~~~~~\n
SSN~222334444~333445555~444556666~\n
MMPR~7950000029490361~E~10000.00~08191998~S~10000.00~S~~~~~NONE~~~~~U~~U~U~NONE~NONE~100~101~~03141998~~~~04~NONE~\n
HOSP~~~~~\n
RSDR~~~~~N~\n
CERT~JOHN SMITH~INTERN~2934823904~~07082003~\n
RPOC~GEORGE MACON~REPORTING CONTACT~7031112222~\n
ISUPPL~~~~~\n
ER~DRIL423~\n
CUSE~\n
TRLR~\n
```

Sample 2A: Sample Correction MMR Report - Submission

HDR~39970000003997~JohnPw12~M4~R8.0~27548141~07102003~~administrator~\n
ISUBJ~DRILLER~IMA~~F~~~~~453 ELM STREET~BANGOR~ME~~11111~~07111960~U~~\n
DEA~\n
ISOFL~030~~5999875555~ME~~\n
GRAD~HARVARD~1985~BAYLOR~1987~\n
ALIAS~\n
SSN~222334444~333445555~444556666~\n
MMPR~7950000029490361~E~9999.99~08191998~S~9999.99~S~~~~~NONE~~~~~U~~U~U~NONE~NONE~100~101~~03141998~~~~04~NONE~\n
HOSP~\n
CERT~John Smith~Intern~2934823904~~07082003~\n
ER~~\n
CUSE~\n
TRLR~\n

Sample 2B: Sample Correction MMR Report - Response

HDR~39970000003997~JohnPw12~M4~R8.0~27548141~07102003~~ADMINISTRATOR~\n
RSTA~7950000029490367~07212003~R~\n
MMRT~C~07212003~07212003~Y~~N~Y~N~\n
ISUBJ~DRILLER~IMA~~F~~~~~453 ELM STREET~BANGOR~ME~~11111~~07111960~U~~\n
DEA~\n
ISOFL~030~~5999875555~ME~~~~~\n
GRAD~HARVARD~1985~BAYLOR~1987~~~~~\n
ALIAS~\n
SSN~222334444~333445555~444556666~\n
MMPR~7950000029490367~E~9999.99~08191998~S~9999.99~S~~~~~NONE~~~~~U~~U~U~NONE~NONE~100~101~~03141998~~~~04~NONE~\n
HOSP~\n
PDCN~7950000029490361~\n
RSDR~N~\n
CERT~JOHN SMITH~INTERN~2934823904~~07082003~\n
RPOC~GEORGE MACON~REPORTING CONTACT~7031112222~\n
ISUPPL~07252003~DRILLER~IMOGENE~~~~~\n
ER~~\n
CUSE~\n
TRLR~\n

Sample 3A: Sample Void MMPR Report - Submission

HDR~39970000003997~JohnPw12~M6~R8.0~27548141~07082003~~administrator~\n
PDCN~7950000029490367~\n
SIS~DRILLER~IMA~~~\n
CERT~John Smith~Intern~2934823904~~07082003~\n
CUSE~\n
TRLR~\n

Sample 3B: Sample Void MMPR Report - Response

HDR~39970000003997~JohnPw12~M6~R8.0~27548141~07082003~~ADMINISTRATOR~\n
RSTA~7950000029490368~07212003~R~\n
SIS~DRILLER~IMA~~~\n
PDCN~7950000029490367~\n
CERT~JOHN SMITH~INTERN~2934823904~~07082003~\n
RPOC~GEORGE MACON~REPORTING CONTACT~7031112222~~\n
CUSE~\n
TRLR~\n

Sample 4A: Sample Rejected MMPR Initial Report - Submission

HDR~399700000003997~JohnPw12~M2~R8.0~27548141~07082003~~administrator~\n
ISUBJ~DRILLER~IMA~~F~~~~~453 ELM STREET~BANGOR~ME~~11111~~07111960~U~~\n
DEA~\n
ISOFL~840~~59998755555~ME~~\n
GRAD~HARVARD~1985~BAYLOR~1987~\n
ALIAS~\n
SSN~222334444~333445555~444556666~\n
MMPR~~E~10000.00~08191998~S~10000.00~S~~~~~NONE~~~~~U~~U~U~NONE~NONE~100~101~~03141998~~~~04~NONE~\n
HOSP~\n
CERT~John Smith~Intern~2934823904~~07082003~\n
ER~~\n
CUSE~\n
TRLR~\n

Sample 4B: Sample Rejected MMPR Report - Response

HDR~399700000003997~JohnPw12~M2~R8.0~27548141~07082003~~ADMINISTRATOR~\n
RSTA~7950000029490360~07212003~F~B2~\n
MMRT~~~~~\n
ISUBJ~DRILLER~IMA~~F~~~~~453 ELM STREET~BANGOR~ME~~11111~~07111960~U~~\n
DEA~~~~~\n
ISOFL~840~~59998755555~ME~~~~~\n
GRAD~HARVARD~1985~BAYLOR~1987~~~~~\n
ALIAS~~~~~\n
SSN~222334444~333445555~444556666~\n
MMPR~7950000029490360~E~10000.00~08191998~S~10000.00~S~~~~~NONE~~~~~U~~U~U~NONE~NONE~100~101~~03141998~~~~04~NONE~\n
HOSP~~~~~\n
CERT~JOHN SMITH~INTERN~2934823904~~07082003~\n
ER~~\n
CUSE~\n
TRLR~\n

APPENDIX A - DISCLAIMER

Terms and Conditions: The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) make this ICD available as a courtesy to assist authorized clients who have unique operating requirements.

- A. No warranty or guarantee of any type is implied or intended for the use of ICDs by the ICD user or its customers. Should there remain any latent faults in the ICD, or for any other reason, the ICD user will not hold or attempt to hold the Data Bank(s) or individuals associated with them responsible for damages of any type resulting from its use.
- B. The Data Bank(s) make no commitment, and none shall be inferred by the ICD user or its customers, for providing any technical support or other assistance or consultation whatsoever regarding the modification, installation, use, maintenance, or operation of software produced by the ICD user to produce transaction files as described in the ICD.
- C. Any ICD user is prohibited from identifying its product as sanctioned or authorized by the Data Bank(s). The ICD user is required to inform its customers that the Data Bank(s) do not sanction or authorize any software, other than software produced by the NPDB or the HIPDB, that produces transaction files as described in the ICD.
- D. The ICD user agrees to indemnify and hold harmless the Data Bank(s) in the event that one of its customers obtains a judgment as a result of any use of the ICD user's software.

Definitions:

- **ICD** – The Interface Control Document that provides information about the format, structure, and content of electronic transaction files for processing by the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB).
- **ICD user** – Any individual or organization that implements software to produce transaction files as described in the ICD, either for its own use or to provide to NPDB or HIPDB entities.
- **NPDB entity** – Any entity that is authorized to query or report to the NPDB, pursuant to 42 U.S.C. §11101, *et seq.*, the *Health Care Quality Improvement Act of 1986*.
- **HIPDB entity** – Any entity that is authorized to query or report to the HIPDB, pursuant to 42 U.S.C. §1301, *et seq.*, as amended by Sections 201 and 205, the *Health Insurance Portability and Accountability Act of 1996*.
- **Customer** – Any NPDB or HIPDB entity to whom the ICD user provides application Software and support for electronic querying and/or reporting to the NPDB-HIPDB.

APPENDIX B - RULES OF BEHAVIOR

All individuals that have access to obtain information from and report information to the NPDB-HIPDB system must comply with the following conditions:

B.1 Ownership

This system is the property of the U.S. Department of Health and Human Services, Health Resources and Services Administration and is for authorized users only. The system is for official NPDB-HIPDB business only. Unauthorized access or use of this system may subject violators to criminal, civil and/or administrative penalties.

B.2 Responsibilities

Individual users are provided with a unique user ID and initial password to access this system. You are responsible for maintaining the integrity of and are held accountable for everything done using your user ID and password. No other person, including those at the NPDB-HIPDB Customer Service Center has access to your password. Passwords shall not be shared with others. If password security is suspected to be compromised you agree to change the password immediately, and notify the NPDB-HIPDB Customer Service Center.

Information and activities associated with the NPDB-HIPDB system shall not be false, inaccurate or misleading; violate any law, statute, ordinance or regulation; and contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information. "Information" is defined as any information you provide to the NPDB-HIPDB System in the course of using this system. "Activities" is defined as any process of interacting with the NPDB-HIPDB system.

B.3 Confidentiality

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 USC Section 552a. Violations of the provisions of the Privacy Act may subject the offender to criminal penalties.

Information reported to the NPDB and the HIPDB is confidential and shall not be disclosed except as specified in the NPDB and HIPDB regulations. The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of NPDB and/or HIPDB information. Persons or entities that receive information either directly or indirectly are subject to the confidentiality provisions specified in the NPDB regulations at 45 CFR Part 60 and the imposition of a civil money penalty of up to \$11,000 for each offense if they violate those provisions. When an authorized agent is designated to handle NPDB-HIPDB queries, both the entity and the agent are required to maintain confidentiality in accordance with the federal statutory requirements.

B.4 Intrusion Detection

The system is maintained for the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court.

Individuals using this system are subject to monitoring of those activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials. Moreover, for system security purposes and to ensure that the system is used for legitimate purposes by authorized, registered users, we collect information concerning the use of this system e.g. data you view and alter. We employ software programs to monitor traffic, and to identify unauthorized attempts to view and/or change information, or otherwise cause damage to the system. Information from these sources may be used to help identify an individual(s) in the event of authorized law enforcement investigation, and pursuant to any required legal process.

B.5 Violation of Rules of Behavior

In the event it is suspected that you have not complied with these rules of behavior your account will be frozen, resulting in denial of all access to the system; and criminal, civil and/or administrative action may be taken.

Use of the NPDB-HIPDB system signifies acknowledgement and understanding of the responsibilities and agreement to comply with the Rules of Behavior for the NPDB-HIPDB system.